

IMPORTANT NOTICE TO PRESCRIBERS ENROLLED IN VERMONT'S PUBLICLY FUNDED HEALTH CARE PROGRAMS

SELECT PHARMACY PROGRAM CHANGES SCHEDULED TO GO INTO EFFECT ON JULY, 15 2009, HAVE BEEN DELAYED UNTIL AUGUST 1, 2009

The State Fiscal Year 2010 budget includes several measures that affect Vermont pharmacies, prescribers and beneficiaries of Vermont's publicly funded pharmacy programs. **The following changes had been scheduled to go into effect on July 15, 2009. To provide additional time to prescribers to adjust prescriptions, however, these effective date has been moved to August 1, 2009.**

90-Day Prescriptions for Maintenance Drugs

Each time a drug is dispensed, a dispensing fee is paid to the pharmacy. Medicaid policy currently allows for the dispensing of maintenance medications in 90-day supplies but few prescriptions are written in this manner. The result is that more dispensing fees are paid than are medically necessary.

Effective August 1, 2009, **when OVHA is the primary payer, pharmacies will be required to dispense designated classes of maintenance drugs in 90-day supplies after the first fill.** This limit will not apply to the first fill to allow prescribers the opportunity to test for therapeutic effectiveness and patient tolerance. It will not apply to changes in dosage, as those are considered new prescriptions. After the first fill, prescriptions written for select maintenance drugs must be rewritten for a minimum of 90 days for the drug to be covered. Please be aware that:

- The full list of classes of drugs affected by this change will be posted on the OVHA's website at <http://ovha.vermont.gov/for-providers>.
- Examples of selected drug classes include: contraceptives, hormonal therapies, anti-diabetics (excluding insulin and other injectables), thyroid hormones, bisphosphonates, antihypertensives, cardiac medications, diuretics, lipid lowering drugs, drugs for asthma and COPD, PPIs, pancreatic enzymes, inflammatory bowel agents, phosphate binder agents, urinary antispasmodics, vaginal estrogens, prostatic hypertrophy agents, antimentia and antiparkinson agents, potassium supplements, platelet aggregation inhibitors and glaucoma medications.
- If there are extenuating circumstances in an individual case which, in the judgment of the prescribing physician, dictate a shorter prescribing period, the supply may be for less than 90 days if approved through the OVHA exception process.

For beneficiaries with other primary insurance including Medicare Part D, this rule does not apply.

VPharm Pilot Program for Statins and Proton Pump Inhibitors (PPIs)

In this year's legislative session, the elimination of VPharm was considered. VPharm provides coverage for Medicare Part D cost sharing. In the end, VPharm survived with changes designed to make the program less costly to the state budget. One change needs your support in the effort to contain costs to protect the program. It is a pilot to limit the drugs covered to generics and OTCs in select classes. Effective August 1, 2009, **OVHA will only cover the cost-sharing (deductible, donut hole and coinsurance) for select statins (HMG COA reductase inhibitors) and proton pump inhibitors (PPIs) for VPharm Part D-eligible beneficiaries.**

- Statins – all dosage strengths of simvastatin, lovastatin and pravastatin.
- PPIs – omeprazole RX 10 mg and 20 mg and Prilosec OTC 20 mg.
- Most of the drugs no longer covered by VPharm under this pilot do not require prior authorization (PA) from the Part D Plans. However, if a beneficiary obtained a PA from his/her Part D Plan prior to August 1st, 2009, the drug will continue to be covered by VPharm. It appears this is only the case with Lipitor for those enrolled in First Health Part D Premier Plan and First Health Part D Secure Plan.
- A VPharm coverage exception may be possible for a non-covered drug but only when a prescriber can provide, through the OVHA exception process, a detailed explanation regarding drugs that were either found to be ineffective or resulted in adverse or harmful side effects, or were expected to be ineffective or result in harmful or adverse side effects.

Important: If you would like a list of all your patients who will be affected by this change, please fill out and fax the last page of this mailing [the form] back to OVHA at the fax number noted on the form.

Please contact Jennifer Mullikin in the OVHA Pharmacy Unit should you have questions. She can be reached at (802) 879-5900.

**FORM TO OBTAIN LISTS OF PRESCRIBER'S PATIENTS
AFFECTED BY AUGUST 1, 2009, PHARMACY PROGRAM CHANGES**

If you believe it would be helpful for you to receive a listing of your patients who are affected by the new **90-day maintenance refill requirement** and/or the **VPharm Pilot Program for Statins and Proton Pump Inhibitors (PPIs)**, please fill out all information requested and fax to Jennifer Mullikin at (802) 879-5919.

Please return this form as soon as possible to ensure that you receive these reports prior to August 1st.

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Prescriber Name: _____

NPI Number: _____

Name of Requesting Prescriber's Office Staff Person:

Prescriber's Phone #: _____

Prescriber's Secure Fax #: _____

Prescriber's Email: _____

To request lists, please check all that apply:

- ☐ List of beneficiaries whose maintenance medications prescriptions were written for 30-day refills, which will now have to be rewritten for 90-day refills.
- ☐ VPharm beneficiaries whose PPI and/or Statin prescriptions need to be changed to a preferred medication.